Missouri Heart Disease and Stroke Prevention News E-Bulletin

June/July 2009

Welcome to the Missouri Heart Disease and Stroke Prevention Program Electronic Newsletter! Since the program has not produced a newsletter yet this year, the next two editions will be loaded with pertinent and timely information that will enhance your knowledge of heart disease and stroke prevention information. The July/August 2009 edition is forthcoming and will cover different topics namely data developments, health care quality, research, risk factor news, and resources and tools.

NEWS ALERT!!!!!!!!! H1N1 FLU: Interim Guidance for People with Heart Disease, Stroke, or Cardiovascular Disease

H1N1 Flu (Swine Flu): General Information

The information below is important for people with heart disease, stroke, and cardiovascular disease:

- Maintain a two-week supply of medications.
- Do not stop taking medications without first consulting your health care provider, especially in the event of influenza or a respiratory infection.
- People with heart failure should be alert to changes in breathing and should promptly report changes to health care provider.

It is especially important to wash hands often with soap and water and follow other basic hygiene to avoid infection.

Interim Guidance and Considerations for Health Care Providers and for State and Local Public Health Agencies:

- Patients with chronic cardiovascular disease and cerebrovascular disease (CVD) are at an increased risk of experiencing an acute exacerbation of disease during influenza epidemics.

- Patients with CVD risk factors such as hypertension, smoking, obesity, and family history of premature heart disease might be considered for priority care over healthy individuals but not before health care providers, the very young, elderly people, and the ill.
- Health care providers should be aware that influenza might produce increased numbers of cardiovascular events, leading to increased hospitalizations and use of resources to treat acute coronary events, heart failure, and stroke.
- Consideration should be given for having adequate supplies of commonly used cardiovascular medications for prevention and treatment of cardiovascular events.

www.cdc.gov/h1n1flu/guidance/cardiovascular.htm

Missouri Heart Disease and Stroke Update

The Heart Disease and Stroke Prevention Program (HDSP) underwent a partnership evaluation this fiscal year to assess the effectiveness of its advisory board in leveraging resources and implementing interventions, as required by the Centers for Disease Control and Prevention (CDC) which funds this program. This nine-month partnership assessment process culminated on April 23, 2009, at a meeting for the HDSP Advisory Board on *The Art of Partnership.* The meeting facilitator introduced a framework for managing workgroups to coordinate implementation of interventions statewide and contribute to the public health planning process. The pre-identified functional groups included: high quality chronic care, consumer knowledge, worksites, and public health planning with disparities and health literacy encircling the model. The evaluation concluded that the board's guidelines do not match the purpose for partnerships as defined in the current grant. The board had not transitioned along with the program as it grew, and we now need to take those steps.

The outcome of the discussion regarding this transition and the voting around functional work groups resulted in the following selection of groups:

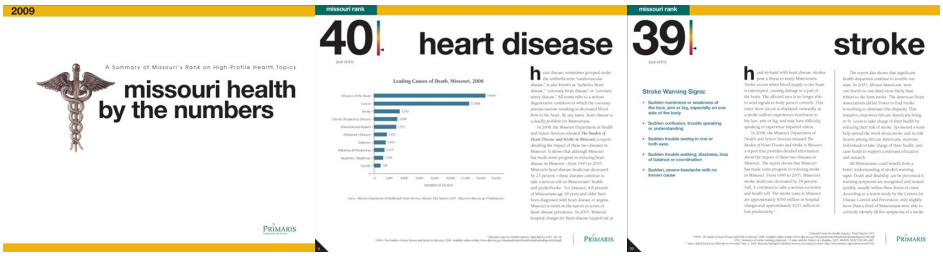
- Worksite Wellness Support;
- Public Education: Signs and Symptoms of Primary and Secondary Prevention Messages;
- Quality Care: Self-management and Clinical Guideline Adherence and Early Detection and Referral;
- Steering Committee.

If you are interested in being a charter member of one of the work groups, please contact Anita Berwanger at 573-522-2868 or email at anita.berwanger@dhss.mo.gov. This time will be exciting as the program transitions into a more active and functional partnership that will benefit not only the program(s) but also each and every partner.

Announcements

Missouri Health Lags Behind Nation

Primaris releases report on status of Missourians' health



The report focuses on ten health topics and compares Missouri to other states by using a scale from 1 to 50 with 1 indicating the best and 50 the worst. It is intended to serve as a quick reference guide to some of the major health issues facing the state. Missouri scored below average in nine of ten health topics. Missouri's worst rankings were in smoking-related deaths (45), heart disease (40), cancer (40), and stroke (39). Sharon Hoffarth, M.D., Primaris medical director indicated, "We have a huge opportunity to do a better job in the future, working together to put more emphasis and resources toward prevention efforts and by improving the performance of our health care system." According to Board President Jerry Kennet, M.D., it is going to take ***major*** efforts from policymakers, health care providers, and the citizens of Missouri to improve awareness of health issues and enable Missourians to take better care of themselves. The nonprofit agency plans to release a new *Missouri Health by the Numbers* annually. The report is available online at *http://www.primaris.org/*.

Good news for stroke!
Central Missouri has its first Joint Commission certified Primary Stroke Center

Congratulations to Boone Hospital Center, Columbia! Stacey Jett, Boone Hospital Center's Stroke Center Coordinator, is a long-time advocate of stroke patients and has been working with Missouri's Time Critical Diagnosis System on the Stroke Workgroup. One of Stacey's first stroke clinical experiences was working with Debbie Summers, stroke program manager at St. Luke's certified Primary Stroke Center, Kansas City. (See more on Debbie Summers later in **News E-Bulletin.**) Missouri has 11 hospitals that are now Joint Commission certified Primary Stroke Centers:

Kansas City & vicinity:	St. Luke's Health System, Research Medical Center, Lee's Summit Hospital
Springfield & vicinity:	Cox South Hospital, St. John's Regional Health Center
St. Louis & vicinity:	Barnes-Jewish Hospital, St. Anthony's Medical Center, St. Louis University Hospital
Cape Girardeau & vicinity:	St. Francis Medical Center Cape Girardeau, Southeast Missouri Hospital
Columbia & vicinity:	Boone Hospital Center

St. Louis University Prevention Research Center becomes a joint center between St. Louis University School of Public Health and Washington University (Schools of Medicine and Social Work)

This new collaborative will provide a rich environment for a successful research center. The newly formed center's (PRC-StL) mission is to prevent chronic diseases and improve population health by adapting, implementing, evaluating, and disseminating evidence-based interventions. Key PRC-StL partners include the Missouri Department of Health and Senior Services (MDHSS), community-based coalitions addressing chronic disease prevention in rural Missouri, and a variety of academic collaborators.

The PRC-StL is focusing on five key areas: 1) **infrastructure activities** - to develop and continually enhance the core capacities of the PRC-StL; 2) **community engagement and partnership activities** - to foster and enhance collaboration among partners; 3) **communication with community partners**, including the dissemination of prevention research findings, methods, and intervention tools; 4) **training opportunities** - to ensure a high level of competence in prevention research and practice; and 5) **evaluation activities** - to track progress.

PRC-StL will fund mini-grants to community partnerships to enhance the ability of the communities to adopt an evidence-based intervention to promote physical activity and healthy eating. More information can be found under "Funding Opportunities" in the July/August edition of News E-Bulletin.

Conference Opportunities

The 12th Annual Stroke Symposium: Impacting Care, Improving Outcomes

Friday, October 23, 2009
8:00 a.m. - 5:00 p.m.
Intercontinental Hotel at the Plaza, 401 Ward Parkway, Kansas City, MO 64112
Target audience: physicians, nurses, allied health, emergency medical systems personnel, emergency department physicians and staff
For more information please call 913-652-1918.

http://www.americanheart.org/presenter.jhtml?identifier=3067378

Clinical Guidelines and Standards of Care

Task Force Recommends Using Aspirin to Prevent Cardiovascular Disease When the Benefits Outweigh the Harms.

Patients and clinicians should consider risk factors such as age, sex, diabetes, blood pressure, cholesterol levels, smoking, and risk of gastrointestinal bleeding before deciding whether to use

aspirin to prevent heart attack or stroke, according to new recommendations from the U.S. Preventive Services Task Force. These recommendations do not apply to people who have already had a heart attack or stroke. Cardiovascular disease is the leading cause of death in the United States. It is the underlying or contributing cause in approximately 58 percent of all deaths. The task force reviewed new evidence from the National Institutes of Health's Women's Health Study published since the last task force review of this topic in 2002, including a recent meta-analysis of the risks and benefits of aspirin. They found that aspirin may have different benefits and harms in men and women. **The task force found good evidence that aspirin decreases first heart attacks in men and first strokes in women.**

The new recommendation provides more specific guidance about benefits and harms to specific age groups and sex-specific benefits:

Men between the ages of 45 and 79: Aspirin recommended to reduce their risk for heart attacks when the benefits outweigh the harms for potential gastrointestinal bleeding.
Women between the ages of 55 and 79: Aspirin recommended to reduce their risk for ischemic stroke when the benefits outweigh the harms for potential gastrointestinal bleeding. The risk of gastrointestinal bleeding with and without aspirin use increases with age and is twice as high in men as in women. Other risk factors for gastrointestinal bleeding include upper gastrointestinal tract pain, gastrointestinal ulcers, and using non-steroidal anti-inflammatory drugs.
Men under 45 or women under age 55: Aspirin ***not recommended*** to prevent either strokes or heart disease in men under 45 or women under 55 because heart attacks are less likely to occur in men younger than 45 and ischemic strokes are less likely to occur in women younger than 55. In addition, limited evidence exists in these age groups.

The recommendations and materials for clinicians are available at http://www.ahrq.gov/clinic/uspstf/uspsasmi.htm. "Aspirin for the prevention of cardiovascular disease: U.S. Preventive Services Task Force recommendation statement," in the March 17, 2009, *Annals of Internal Medicine*, 150(6), pp. 396-404.

Debbie Summers, RN, MSN

Missouri nurse, Debbie Summers, RN, MSN, Stroke Program Manager, St. Luke's Brain and Stroke Institute, Kansas City, is the primary author of a recent American Heart Association (AHA) Scientific Statement, published May 28, 2009. This groundbreaking publication, ***Comprehensive Overview of Nursing and Interdisciplinary Care of the Acute Ischemic Stroke Patient***, is the first AHA Scientific Statement authored by nurses that directly addresses clinical nursing care guidelines for ischemic stroke. Ms. Summers is passionate about improving stroke care. "Advances in stroke care have widened the window of opportunity for acute

treatment with clot-busting drugs and interventional embolectomy (clot retriever) devices that can reverse or minimize stroke's often debilitating or lethal impact, and nurses play a pivotal role in all phases of caring for the stroke patient," said Ms. Summers. "DHSS HDSP has worked with Ms. Summers on a number of Missouri statewide projects beginning in 2003. We are very pleased to recognize this Missouri woman's outstanding dedication to stroke care and to the field of nursing," said Karen Connell, DHSS HDSP Time Critical Diagnosis System Representative.

Health Disparities

Missouri's Health Disparities

Disparities exist in the access, quality, and timelines of health care services for racial and ethnic minority groups in Missouri. Ultimately, these disparities result in higher rates of disease and death for minority communities.

To better understand Missouri's health disparities, the Missouri Foundation for Health (MFH) engaged the MDHSS to provide data about Missouri's African-American and Hispanic populations in a set of data books. MFH published a similar set of data books in 2004 and 2005, respectively. Where possible, the current reports compare the new data to previous statistics to illustrate where progress has been made and what challenges may lie ahead. Some data highlights include:

- Heart disease and cancer remain the leading causes of death for Hispanic, African-American, and white Missourians;
- 34.1 percent of Hispanics are uninsured, which is higher than the 20.5 percent of African Americans and 10.8 percent of whites without health insurance; and
- The African-American infant death rate has been twice as high as the white rate over the last 10 years.

"It is our hope that these data books expand the understanding of health disparities in our state and provide a sound basis for programs seeking to reduce health disparities in Missouri," said Ryan Barker, MFH policy analyst. "As our policymakers address the challenges in Missouri's health care system, we hope that they will review all the information we have provided and use it as a resource to eliminate the health disparities that exist in our state," added Barker.

- 2009 African American Data Book
- 2009 Hispanic Data Book
- http://www.mffh.org/policy_healthdisp.html

Racial Disparity in Hypertension Control: Tallying the Death Toll

African Americans with hypertension have poorer blood pressure control than their white counterparts, but the impact of this disparity on mortality among African-American adults is not known. Researchers assessed differences in systolic blood pressure (SBP) control among white and African-American adults with a diagnosis of hypertension, and measured the impact of that difference on cardiovascular and cerebrovascular mortality among African Americans. Researchers found that parity in SBP control would reduce annual mortality rates from heart disease and stroke among men by 17 percent and 16 percent, respectively. For women, the reductions would be smaller, 9 percent and 14 percent, respectively. The study represents the first effort to quantify the toll of racial disparities in blood pressure control. **Disparity in blood pressure control results in appreciably more deaths than those estimated from other health care disparities,** including influenza vaccination, mammography screening, use of β-blockers after myocardial infarction, treatment of childhood asthma, and diabetes. **Racial disparity in hypertension control contributes appreciably to deaths among African Americans from heart disease and stroke.** Researchers underscore the need to more fully understand the causes of these disparities and develop viable strategies to eliminate them, particularly clinician attention to adherence barriers among patients. Differences in adherence by race may be due to affordability of medicines, personal beliefs, anticipated adverse effects, and health literacy that disproportionately affect African Americans.

Annals of Family Medicine 6:497-502 (2008)

doi: 10.1370/afm.873

Community-Based Programs Prevent Chronic Disease, Improve Health Equity

The Society for Public Health Education (SOPHE) announced the release of a supplemental issue of ***Health Promotion Practice*** (HPP) (Volume 10, Issue 2), featuring the work of communities that have taken remarkable steps to modify policies, systems, or the environment to support health and well-being, reduce risk factors associated with chronic diseases, and achieve health equity. "Fostering Healthy Communities: Lessons Learned from CDC's Premier Community-Based Interventions" is a collection of eight peer-reviewed articles from three national programs funded by the U.S. CDC's National Center for Chronic Disease Prevention and Health Promotion: Healthy Communities Program (formerly known as the Steps Program), Racial and Ethnic Approaches to Community Health (REACH), and the YMCA of the USA's Pioneering Healthier Communities (PHC). The selected papers exemplify critical institutional - and community - wide efforts that have been accomplished across the U.S. in diverse communities to eliminate health disparities, support healthy behaviors, and prevent illness. All articles of the ***Health Promotion Practice*** supplement "Fostering Healthy Communities" are available open access, online at http://hpp.sagepub.com/content/vol10/2_suppl/.

Women's Health and Disparities

New Resources Examine Racial and Ethnic Disparities Among Women at the State Level

The Kaiser Family Foundation last week released a package of resources including a comprehensive report, state fact sheets, and interactive data tables that illuminate and document the persistence of disparities on 25 indicators between white women and African-American women, including rates of diseases such as diabetes, heart disease, AIDS, and cancer, and access to health insurance and health screenings. The report, "Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level," moves beyond national statistics to provide a rare look at state-level variations, quantifying where disparities are greatest. Also available are state-level data for women of many racial and ethnic populations that are often difficult to obtain. The data show that, a decade after U.S. Surgeon General David Satcher called for the elimination of racial disparities in health; African Americans in every state continue to fare worse than white women on a variety of measures of health and health care access.

http://www.kff.org/minorityhealth/rehc061009pkg.cfm

Women's Heart Health News

, published by the National Women's Health Resource Center, Inc., focused on women and heart disease in the February 2009 edition. It describes some of the most important and, in many instances, newest information available about heart disease prevention and treatment in women. Specifically, this edition covers "The Facts," "Heart Disease in Women," "Preventing Heart Disease in Women," "Questions to Ask," and "Resources."

http://www.healthywomen.org/resources/nwhrcpublications/dbpubs/womenshealthupdateheart health

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